

## CHAPTER 17

### HOSPITALIZATION OF ENLISTED PERSONNEL

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## HOSPITALIZATION OF ENLISTED PERSONNEL

### 17.0 GENERAL INFORMATION.

The purpose of this chapter is to provide standard procedures for ordering, accounting, and transferring records of members hospitalized while assigned to a permanent duty station or Temporary Duty (TEM DU) station, while in a leave or liberty status, or while traveling under Permanent Change of Station (PCS) orders.

#### 17.01 DEFINITION OF TERMS USED IN THIS CHAPTER.

NAVAL MEDICAL TREATMENT FACILITY (MTF). An activity of the Naval establishment assigned the primary mission of providing medical care. Examples: Naval Hospitals, Branch Hospitals, Clinics, Branch Clinics.

NON-NAVAL MEDICAL TREATMENT FACILITY (non-naval MTF). A medical treatment facility, foreign or domestic, federal or civilian, not falling within the definition of "Naval Medical Treatment Facility".

OUTPATIENT MEDICAL BOARD. The Manual of Medical Department provides for medical boards to be completed on an outpatient basis. This applies only to those personnel who have not been admitted to the Naval Hospital in a TEMADD or TEMDU status.

HOSPITALIZATION. Admission to any medical facility for inpatient treatment or admission to a resident treatment program at a Navy Drug Rehabilitation Center, Alcohol Rehabilitation Center or Alcohol Rehabilitation Service.

DUTY STATION. The activity to which the member was attached at the time of hospitalization regardless of whether assigned for Permanent Duty (DUTY), Temporary Duty (TEM DU), or Temporary Additional Duty (TEMADD). If the member is in a transient status at the time of hospitalization then the next activity to which the member has been ordered to report for TEMDU or DUTY is the member's duty station. The duty station of an absentee is the activity to which the member was administratively assigned for accounting purposes at the time the member was reported absent or declared a deserter (MILPERSMAN 1600-010 through 1600-030).

LIMITED DUTY. When a medical board has determined that a member is temporarily not physically qualified to perform full duty but return to full duty is anticipated, the member shall be assigned to a non-deploying activity and to duties that will not aggravate the temporary physical limitations. For complete information consult Chapter 18 of the Manual of the Medical Department, U.S. Navy.

#### 17.02 HOSPITALIZATION IN A NAVAL MEDICAL FACILITY.

Commanding Officers shall issue individual orders for each member transferred to a Naval medical facility. These orders shall be prepared prior to effecting the transfer or as soon as circumstances permit. When a member in a leave or liberty status is hospitalized, the medical facility shall report the circumstances as soon as possible to the member's Commanding Officer so that orders may be issued. This report should be transmitted to ensure receipt by

the member's Commanding Officer prior to the normal expiration of the member's leave or liberty. When a member in a transient status is hospitalized, the medical facility shall report the circumstances to the Commanding Officer of the next duty station to which the member was ordered to report and to the assignment control authority (COMNAVPERSCOM Pers-40, EPMAC Code 47, or NAVRESPERSSEN Code 30).

17.021 TEMPORARY ADDITIONAL DUTY (TEMADD) UNDER TREATMENT. The Commanding Officer of a member's duty station shall prepare TEMADD under treatment orders (TEMADD TRAVEL ORDER - NAVPERS 1320/16) under the following circumstances:

- Member is transferred to a resident treatment program at a Drug Rehabilitation Center, Alcohol Rehabilitation Center, or Alcohol Rehabilitation Service. Time limits in this article do not apply to these programs. For complete information consult OPNAVINST 5350.4.
- Member is serving on sea duty (Type 2 or 4) the period of hospitalization is expected to be less than 60 days, and the ship or unit is not scheduled to depart the area for an extended period while the member is hospitalized. For the purpose of this article, an extended period is defined as deployment of more than 60 days. MTF shall advise the Commanding Officer as soon as possible if MBR is expected to remain under treatment longer than 60 days. After 30 days; the Commanding Officer has the option to assign member TEMDU to the MTF.
- Member is serving on shore duty (Type 1, 3 or 6) and the period of hospitalization is expected to be less than 91 days. This category includes all members serving ashore for DUTY, DUINS, TEMDU, and TEMDUINS.
- Member is performing hazardous duty or diving duty, is receiving incentive pay as authorized by the DOD Directive 7000.14-R, and is hospitalized as a result of injury or incapacitation incurred during the performance of such duty. Personnel in this category shall remain under TEMADD orders until one of the following occurs, whichever comes first:
  - Treatment is completed and member returns to permanent duty station.
  - Member is found unfit for duty by appropriate medical authority.
  - Three calendar months elapse as defined by the DOD Directive 7000.14-R.

17.0211 Content of TEMADD under Treatment Travel Authorizations. TEMADD under treatment orders shall permit only one round trip and must cite appropriate TEMADD accounting data. In cases where TEMADD accounting data must be requested from an administrative commander and it can not be cited at the time of transfer, Commanding Officers may issue TEMADD under treatment orders containing a statement that the accounting data will be forwarded to the naval medical facility by separate action as soon as possible. Except as noted below, members will not be transferred to medical facilities under "no-cost" orders.

- When members are transferred to a medical facility within the vicinity of their permanent duty station (as defined in JFTR, Volume 1, Appendix J) and government transportation to and from the medical facility is directed, TEMADD under treatment orders may be prepared without accounting data so long as the following mandatory statement appears in the orders:

"THIS ORDER IS ISSUED WITHOUT ACCOUNTING DATA SINCE IT APPEARS THAT IT

CAN BE EXECUTED WITHOUT COST. IF COSTS ACCRUE ADVISE YOUR COMMANDING OFFICER."

17.0212 Endorsement of TEMADD Under Treatment Orders. The Officer-in-Charge of the PERSUPPDET supporting the MTF where a member is hospitalized shall prepare a memorandum endorsement containing the time and date of admission and release from the MTF.

17.0213 Change of Status from TEMADD to TEMDU under treatment. The Commanding Officer of a Center/Naval Hospital shall immediately direct the change of status from TEMADD to TEMDU, and notify the parent command, by message not later than the next day, info the supporting PERSUPPDET (Figure 17A refers) when:

- Personnel serving on sea duty (Type 2 or 4) being processed by an outpatient medical board, and the opinion of the medical board that the individual is not fit for duty.
- If there is a change of status to TEMDU for treatment, the Center/Naval Hospital will submit TEMDU for treatment message to the ultimate duty station, any intermediate duty station and the assignment control authority.
- The period of hospitalization will exceed the time limits set by Article 17.021.
- The member exceeds, or is expected to exceed, the timeframe established in Article 17.021.
- A determination is made that the member is no longer fit for full duty and medical board is anticipated. This applies only in cases where the member is permanently assigned to a ship or mobile unit or permanently assigned to a command outside the geographic area of the MTF.
- The member is permanently assigned to a ship or mobile unit and departs from the area, for a deployment, greater than 60 days.

NOTE: In cases requiring a line of duty investigation (LODI), take no action to change a member's status until a copy of the investigation is received by the cognizant medical treatment facility.

17.022 TEMPORARY DUTY (TEMDU) UNDER TREATMENT. Upon receipt of notification from MTF that a member's status has changed, the Commanding Officer of the parent command or the supporting PERSUPPDET, as appropriate, shall prepare TEMDU under treatment orders (STO) and detaching endorsement. The orders, detaching endorsement, service, medical, dental, and pay records, and transfer evaluation shall be forwarded to the PERSUPPDET servicing the MTF not later than five working day after receipt of notification.

17.0221 Content of TEMDU Under Treatment Orders. TEMDU under treatment orders shall direct transfer to the MTF for TEMDU (UNTREAT) ACC 370. TEMDU under treatment orders must cite appropriate accounting data from the Financial Management Guide for Permanent Change of Station (PCS) Travel (NAVMILPERSCOMINST 7040.1). Members will not be transferred to medical facilities for TEMDU under treatment at "no-cost."

17.0222 Endorsement of TEMDU Under Treatment Orders. The Officer-in-Charge of the PERSUPPDET supporting the MTF where a member is hospitalized shall use NAVCOMPT Forms 3068 and 3067 or the appropriate SDS event to endorse TEMDU

under treatment orders with time and date of admission and release from the MTF.

17.0223 Hospitalization of Transient Personnel. When a member is hospitalized while en route to a temporary or permanent duty station, the Officer In Charge of the PERSUPPDET supporting the MTF where the member is hospitalized shall use NAVCOMPT Form 3068 or the appropriate SDS event to endorse the PCS order under which the member was traveling to reflect admission to the MTF and receipt of the member for TEMDU under treatment. The Naval Hospital will notify the ultimate duty station and any intermediate duty stations of the member's hospitalization, estimated length of hospitalization and provide updates as appropriate. In the event the unexecuted portion of the member's PCS order is cancelled by the assignment control authority, an entry in the remarks section of NAVCOMPT Form 3068 shall so state and cite the authority for the order cancellation.

#### 17.03 HOSPITALIZATION IN A NON-NAVAL MEDICAL FACILITY.

17.031 Any naval activity, upon learning of a Navy member hospitalized in a non-naval MTF, must immediately notify the Office of Medical Affairs (OMA) in Great Lakes, Illinois, phone number (AV) 792-3957 or (Comm) (312) 688-3957. The responsibilities of the OMA are defined in NAVMEDCOMINST 6320.1. The OMA will:

- Notify all commands concerned of the members status;
- Designate the Naval Hospital with a patient account responsible for the member;
- Designate the nearest naval activity with a medical department responsible for personal contact and liaison with the member; and
- Direct appropriate orders, endorsements, records and accounts be forwarded to the PERSUPPDET servicing the Naval Hospital.

The designated Naval Hospital will:

- Maintain liaison with the non-naval MTF and the member. The Naval Hospital will monitor and account for the member, however, the OMA still retains ultimate responsibility for monitoring and accounting.
- Ensure command functions necessary for proper administration of the member are performed (for example: line of duty investigations).
- Coordinate with the non-naval MTF to ensure timely release and transfer to the appropriate MTF or VA hospital.
- Notify the PERSUPPDET servicing the Naval Hospital when member is released from the non-naval MTF and advise the PERSUPPDET of the disposition of the member following hospitalization in the non-naval MTF.
- Designate the MTF responsible for the member.
- Notify all commands concerned of the member's status, and
- Direct that service, pay, and health records be forwarded to the PERSUPPDET supporting the responsible MTF.
- See MILPERSMAN Art 1050-050 regarding leave while SIQ or hospitalized by

civilian physician.

17.0311 Content of Orders. Commanding Officers shall prepare and forward individual orders as set forth in Article 17.02. Orders shall direct transfer to the responsible MTF for TEMADD under treatment, TEMDU under treatment at a non-military medical facility (ACC 372), or TEMDU under treatment at other uniformed service medical facility (ACC 373).

17.0312 Records and Accounts. A member's records and accounts shall be maintained by the PERSUPPDET supporting the Naval Hospital. The PERSUPPDET will gain the member TEMADD under treatment, TEMDU under treatment at a non-naval MTF (ACC 372), or TEMDU under treatment at Other Uniformed Service MTF (ACC 373) in the Naval Hospital (Patients/Others) account, as appropriate.

#### 17.032 NON-NAVY U.S. MILITARY MEDICAL FACILITIES OVERSEAS.

Commanding Officers shall prepare and forward individual orders as set forth in Article 17.02. Orders shall direct transfer to the responsible Navy Overseas Area Commander for TEMADD under treatment or TEMDU under treatment at a uniformed service medical facility (ACC 373).

17.0321 Records and Accounts. A member's records and accounts shall be maintained by the PERSUPPDET supporting the responsible Navy Overseas Area Commander.

17.0322 Liaison. The Navy Overseas Area Commander will:

- Maintain liaison with the non-naval MTF and the member.
- Notify the member's parent command of hospitalization, when appropriate.
- Ensure command functions necessary for proper administration of the member are performed (for example: line of duty investigations).
- Notify the supporting PERSUPPDET when the member is released from the treatment facility.

The responsible Navy Overseas Area Commander may request another Navy activity that is nearer to the N-MTF to perform these liaison functions.

17.033 Foreign Medical Facilities. When a member is hospitalized in a foreign medical facility, Commanding Officers shall transfer the member to the United States Consul for accountability and inform BUMED Code 331 by message. This message must include all known facts and an estimate of the duration of the hospitalization. The United States Consul and the Navy Overseas Area Commander must be included as information addressees on this message report.

17.0331 Content of Orders. Commanding Officers shall prepare and forward individual orders as set forth in Article 17.02. Orders shall direct transfer to the United States Consul for TEMADD under treatment or TEMDU under treatment at a non-military medical facility (ACC 372).

17.0332 Records and Accounts. A member's records and accounts shall be retained by the unit or activity to which the member is assigned. When a unit is about to depart the area where the member is hospitalized, records shall be forwarded to the nearest United States Consul. The United States Consul shall be furnished with a complete history of the case and will be requested to cooperate with the attending physician in charge at the hospital to arrange for transportation of the member, with records, to the nearest U.S. Naval

activity.

#### 17.04 ASSIGNMENT OF PERSONNEL UPON COMPLETION OF HOSPITALIZATION/TREATMENT.

While TEMADD personnel will be returned to their parent command by the PERSUPPDET servicing the Naval Hospital, the disposition of TEMDU personnel will be resolved under the provisions provided in this article.

In view of the MTF's limited quarters for staff, patients, and Medical Holding Company personnel, individuals may, but are not required to, be assigned to the nearest TPU/Others activity in a TEMADD status while awaiting medical board processing or other appropriate disposition upon completion of hospitalization. These TEMADD assignments do not shift the management responsibility from the Naval Hospital to the TPU/Others activity who may berth and employ these individuals. The MTF shall advise the servicing PERSUPPDET of status changes of personnel upon occurrence and shall provide the servicing PERSUPPDET with a copy of the medical board immediately upon being signed by the convening authority.

Commanding Officers of MTFs authorize separation of a member who has less than three months remaining obligated service who indicates he/she doesn't desire to reenlist. Cite MILPERSMAN 1910-102 as authority in effecting such separation. The PERSUPPDET servicing the Naval Hospital will change the member's status to ACC 380 and effect the discharge within seven days.

The PERSUPPDET servicing the Naval Hospital will transfer the member to the nearest TPU/Others activity no later than the next working day following receipt of notification of fit for full duty. The PERSUPPDET servicing the TPU/Others activity will receive the member in ACC 320 and submit the availability report on the date of receipt. Per the Manual of Medical Department, the established time frame for processing a medical board is 20 calendar days. To ensure this timeliness is observed, Commanding Officer of MTFs will retain personnel on board pending completion of local medical board processing. The PERSUPPDET servicing the Naval Hospital will change the member's status to ACC 355, establish a tickler, and advise the Naval Hospital by message/NAVGRAM with information copies to PERS-821, BUMED Code 311, and TRANSMONUNIT if medical board is not received within 25 days from effective date of status and every 10 days thereafter. No later than the next working day following the date the Medical Board Report is signed by the convening authority, the following action will be taken:

- If the medical board authorized discharge of the individual due to physical disability existing prior to entry and does not require approval of higher authority, the PERSUPPDET servicing the Naval Hospital will change the member's status to ACC 380 and effect the discharge within seven days.
- If the medical board approved a first period of Limited Duty for six months or less, the PERSUPPDET servicing the Naval Hospital will effect the transfer of the member to the nearest TPU/Others activity. The PERSUPPDET servicing the TPU/Others activity will receive the member in ACC 320 and submit the availability report on the date of receipt.
- If the signed medical board recommended Departmental Review or Physical Evaluation Board proceedings, the PERSUPPDET servicing the Naval Hospital will effect the transfer of the member to the nearest TPU/Others activity. The PERSUPPDET servicing the TPU/Others activity will receive the member in ACC 355.

The transfer stipulated above does not apply to those individuals who are not in an ambulatory status, in need of nursing procedures, dietary care, or special treatment not normally available outside the Naval Hospital. Should an individual report to the TPU/Others activity whose apparent condition is questionable, the Commanding Officer of the TPU/Others activity shall immediately contact the Head, Patient Administration Department of the Naval Hospital. The Head, Patient Administration Department will resolve questionable cases within the best interests of the individual concerned, the TPU/Others activity and the Naval Hospital. In cases where the member remains on board the Naval Hospital pending further treatment or follow up action upon completion of medical board processing, the PERSUPDET servicing the Naval Hospital will take appropriate actions regarding ACC change and availability submission.

17.05 TRANSFER OF PATIENTS BETWEEN NAVAL HOSPITALS AND FROM A NAVAL HOSPITAL TO ANOTHER ARMED FORCES HOSPITAL.

17.051 Cost Transfer. The Manual of the Medical Department, Article 11-50 provides for transfer of patients between Naval Hospitals and other armed forces hospitals. Patients may be transferred between Armed Forces medical facilities to facilitate recovery or to effectively use available bed space. Such transfers shall be effected at government expense.

17.052 No-Cost-To-The-Government Travel Authorization. When a patient in a TEMDU UNDER TREATMENT status desires transfer between Naval Hospitals or from a Naval Hospital to another armed forces hospital, and such transfer is considered by the Commanding Officer of the hospital to be unnecessary for medical reasons, the patient may request a transfer for personal reasons. A request shall be submitted utilizing NAVPERS 1306/7 in accordance with the criteria set forth below:

- If the transfer is between Naval Hospitals located in the same geographical area, the request shall be submitted to the Personnel Support Activity Detachment (PSD) via the receiving Commanding Officer.
- If the transfer is between Naval Hospitals located in different geographical areas or from a Naval Hospital to another armed forces hospital, requests shall be submitted to COMNAVPERSCOM (Pers-40) via the Commanding Officer of the Naval Hospital, supporting PSD, and BUMED Code 331. Approved requests in the case of non-designated SN/FN/AN will be forwarded by COMNAVPERSCOM to EPMAC for assignment.
- The forwarding endorsement by the Commanding Officer of the Naval Hospital shall make a specific recommendation regarding approval/disapproval, estimate the remaining period of hospitalization, address humanitarian considerations of the requested transfer and whether the transfer would alleviate the conditions.
- A statement that the following service record entry has been made: "I understand that if my request for transfer from a Naval Hospital to (another Naval Hospital/Armed Forces Hospital) is authorized, it will be as a result of my own request for my personal convenience, and is to be made at no-cost-to-the-government. I further understand that I shall not be entitled to reimbursement for any expenses connected therewith and government transportation, including the use of Military Airlift Command is not authorized for myself and/or my family members. I shall not be entitled to payment of dislocation allowance and my transfer will be made during a leave period with no proceed or travel time authorized."



#### 17.06 DISPOSITION OF RECORDS.

Commanding Officers effecting transfer of personnel to a Naval Hospital or non-Naval Hospital will effect disposition of their records in accordance with MILPERSMAN 1070-120.

#### 17.07 OUT-PATIENT MEDICAL BOARDS.

17.071 Personnel being processed by an Outpatient Medical Board. Outpatient Medical Boards applies only to those personnel who have not been admitted to the MTF in a TEMADD or TEMDU status.

Personnel will be transferred to the TPU/Others activity nearest the Naval Hospital in a TEMDU status awaiting results of a medical board (ACC 355) provided all the following provisions apply:

- When it is of the opinion of the medical board that the individual is not fit for full duty;
- Individual is permanently attached to a command classified as Arduous Sea Duty (Type 2) or Accompanied/Unaccompanied Non-Rotated Sea Duty (Type 4);
- Individual is in an ambulatory status and is not in need of nursing procedures, dietary care, or special treatment not normally available outside the Naval Hospital and
- Medical condition does not warrant Convalescent Leave. (Convalescent Leave will not be granted en route to the TPU/Others activity.)
- Berthing is not available at the MTF.

The following guidelines apply:

- The MTF will issue memorandum orders directing the individual to report to the TPU/Others activity nearest the MTF to await medical board and availability processing. If member reported with funded TEMADD orders for the purpose of travel reimbursement, the MTF will prepare a memorandum endorsement to the orders;
- The MTF will notify the parent command by message of the transfer and direct the parent command to forward the member's records and accounts to the appropriate PERSUPPET servicing the TPU/Others activity with TEMDU orders and endorsements. Format provided in Figure 17B will be used.
- The parent command will comply with the transfer of the individual within five working days to ensure expeditious processing of personnel through the Transient Pipeline. The parent command will additionally advise all concerned the date and method of transfer of records and accounts and any mail delays anticipated, if applicable.

17.072 Personnel Found Not Fit For Full Duty By An Outpatient Medical Board Who Will Be Retained By The MTF.

An individual permanently attached to a command classified as Arduous Sea Duty (Type 2) or Accompanied/Unaccompanied Non-Rotated Sea Duty (Type 4) will be gained in a TEMDU status at the MTF vice transferred to the nearest TPU/Others activity under any of the following circumstances:

- Individual is not in an ambulatory status, is in need of nursing procedures, dietary care, or special treatment not available outside the Naval Hospital; or
- Medical condition warrants Convalescent Leave. (Convalescent Leave will not be granted en route to the TPU/Others activity.)
- Berthing is available at the MTF. (In this case the member should be transferred to the nearest TPU/Others only after the Medical Board has been signed.)
- Personnel assigned to sea duty commands at Naval Weapons Station, Charleston may be gained to Naval Hospital, Charleston Patient account (UIC: 31647) TEMDU (ACC: 355) to await final outcome of medical board proceedings when directed by Naval Hospital, Charleston.

17.073 Additional Actions Required Upon Notification of Medical Board Proceedings.

- The parent command will submit the diary loss entry or appropriate SDS entry and comply with ENLTRANSMAN Chapter 23, Enlisted Manning Inquiry Report (EMIR), is warranted.
- The PERSUPDET servicing the TPU/Others activity will submit the appropriate diary gain placing the member in ACC 355 and will establish a tickler to ensure records and accounts are received. Appropriate tracer action shall be initiated via message should the records not be received within ten days after member reports with follow-up tracers initiated weekly. Ensure appropriate information addressees (parent command, ISIC, NAVHOSP and TRANSMOUNT) are advised of failure of the parent command to comply with the guidelines herein.
- The Naval Hospital will ensure medical boards are received by the PERSUPDET servicing the TPU/Others activity within 20 calendar days as specified by the Manual of the Medical Department.
- The PERSUPDET servicing the TPU/Others activity will establish a tickler and advise the Naval Hospital by message with information copies to PERS-821, BUMED Code 311, and TRANSMONUNIT if medical board is not received within 25 days after member reports on board and every 10 days thereafter.
- For personnel whose Medical Board has been referred for Physical Evaluation Board (PEB) review, and no findings have been received within 60 calendar days of the Convening Authorities' (CA) signature, submit tracer action to the Disability Evaluation System Counselor (DESC) at the Naval Medical Center/Naval Hospital where the medical board was originated. In cases of Non-Naval Medical Boards, submit tracer action to the DESC at the Naval Medical Center/Naval Hospital having cognizance. If no response is received within 30 days, contact the Department of the Navy, Disability Evaluation System (DIRNCPB), by message requesting assistance in obtaining the required information.

17.074 Chief Petty Officers (E7-E9) Found Not Fit For Full Duty. To ensure that Chief Petty Officers are assigned to positions commensurate with their pay grade while awaiting the results of a medical board, the following requirements, in addition to the guidelines prescribed in Article 17.071, should be followed:

- Naval Hospital will request the previous Commanding Officer to provide a recommendation for the work assignment of a Chief Petty Officer by message

simultaneous upon transfer to the TPU/Others activity. This work assignment may be the member's previous duty station ISIC, administrative commander, or other shore duty component of their chain of command. To protect the member's health, such work assignment cannot aggravate the medical condition. Ultimate work assignment will be made by the TPU/Others activity. During this work assignment, the member remains attached to the TPU/Others activity in a TEMDU status and must be readily available for medical consultation, treatment, availability processing, and transfer when required.

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CHANGE OF STATUS FROM TEMADD TO TEMDU UNDER TREATMENT  
(SAMPLE MESSAGE)

FROM: NAVMEDCEN PORTSMOUTH VA//JJJ//

TO: USS OBANNON

INFO: COMNAVPERSCOM MILLINGTON TN//P271//

EPMAC NEW ORLEANS LA//JJJ//

PERSUPP DET PORTSMOUTH VA//JJJ//

UNCLAS //N06000//

SUBJ: TEMDU FOR TREATMENT TRF ICO ET2 JOHN P. JONES, USN, 123-45-6789

MSGID/GENADMIN/CMD PLA//

REF/A/DOC/COMNAVPERSCOM/01JAN90//

AMPN/NAVPERS 15909D/ENLTRANSMAN CHAP 17, ART 17.02//

RMKS/

1. STATUS OF SNM CHANGED FROM TEMADD TO TEMDU EFFECTIVE 0800, 26JUN88.

REASON FOR CHANGE: EST PERIOD OF HOSP EXPECTED TO EXCEED TIME LIMITS EST REF

A. (OR PROVIDE APPROPRIATE GUIDELINE OR ARTICLE 17.023).

2. REQ TEMDU ORDERS AND DET END EFF 0800, 26JUN88. FWD STO, TRF EVAL, DET

END, SERPAHEL TO PERSUPP DET PORTSMOUTH VA. ENSURE DIARY LOSS SUB PER

DMRSMAN.

FIGURE 17A

MTF MODIFICATION OF TRANSFER

(SAMPLE MESSAGE)

FROM: NAVMEDCEN PORTSMOUTH VA//JJJ//  
TO: USS OBANNON  
INFO: COMNAVPERSCOM WASHINGTON DC//P271//  
EPMAC NEW ORLEANS LA//CODE 40//  
TPU NORFOLK VA//JJJ//  
PERSUPP DET NAVSTA NORFOLK VA//JJJ//

UNCLAS //N01306//

SUBJ: TEMDU TRF ICO QMC U. S. GRANT, USN, 012-34-5678

MSGID/GENADMIN/CMD PLA//

REF/A/DOC/COMNAVPERSCOM/01JAN90//

AMPN/NAVPERS 15909D/ENLTRANSMAN CHAP 17 ART 17.071//

REF/B/DOC/COMNAVPERSCOM/01JAN90//

NARR/REF B IS ENLTRANSMAN CHAPTER 17 ART 17.074 (USE FOR E7-E9  
PERSONNEL ONLY)//

RMKS/

1. OUTPATIENT MED BD DICTATED 08MAY87 ICO SNM. MEMO ORDERS ISSUED PER REF A  
DIR SNM TO RPT NLT 1200, 08MAY87 TO TPU NORFOLK.

A. EFF TIME/DATE OF TRF: 0900, 08MAY87.

B. TPU POC/ADDRESS: MACM FOWLER, 743-3385/TPU NORFOLK VA (ATTN: BKS 32).

C. SERVICING PERSUPP DET POC/ADDRESS: MRS SMITH, 473-2710/PERSUPP DET  
NAVSTA NORFOLK VA.

FIGURE 17B-1

- D. ISSUE TEMDU ORDERS TO: TPU NORFOLK VA (OTHERS) (UIC: 32002) ACC: 355.
2. FWD ORDERS, DET END, TRF EVALS, AND SERPAHEL REC TO PERSUPP DET NAVSTA NORFOLK WITHIN FIVE WORKING DAYS OF REC THIS MSG. SUBMIT DIARY LOSS EVENT. ADVISE MSG DATE AND METHOD OF TRF OF RECORDS AND ACCOUNTS AND ANY MAIL DELAYS ANTICIPATED IF APPLICABLE.
3. (FOR E7-E9 PERSONNEL ONLY) PROVIDE TPU NORFOLK WITH REC FOR MEMBER'S WORK ASSIGNMENT PER REF B.//

FIGURE 17B-2